

Shreveport Police Department
OFFENSE REPORT

Report Received By

- 1 ☐ Phone
2 ☐ 911
3 ☐ Teletype
4 ☐ Mail
5 ☒ Person
6 ☐ Other

EXHIBIT

CAD # 18023139
OFFENSE # 2018004183

☐ Felony ☐ Misdemeanor ☐ Incident

OFFICER'S NAME Mills, M S

BADGE # 544

SUPERVISOR'S NAME Presley, M S

BADGE # 216

DATE REPORTED 02/10/2018

TIME REPORTED 09:42

OCCURRENCE DATE 02/10/2018

OCCURRENCE TIME

DAY SATURDAY

OCCURRENCE AS REPORTED

Narrative

LRS#

LOCATION OF INCIDENT 2247 LEGARDY ST SHREVEPORT, LA

DISTRICT 01

Numerical Street Name

DID VICTIM RECEIVE VINE INFO ☐

WAS AFFIDAVIT SUBMITTED ☐

WAS DOMESTIC VIOLENCE INVOLVED ☐

OFFENSE

LRS#

UCR

ATT/COM

LOCATION

WEAPON

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

ENTER CODE

RAPE AGGRAVATED

14:42

RA

☐ ATT ☒ COM

20

95

LOCATION OF OFFENSE

- 01 AIRBUS/TRAIN TERMINAL
02 BANK/SAVINGS & LOAN
03 BARNIGHT CLUB
04 CHURCH/SYNAGOGUE/TEMPLE
05 COMMERCIAL/OFFICE BUILDING
06 CONSTRUCTION SITE
07 CONVENIENCE STORE
08 DEPARTMENT/SCOUT STORE
09 DRUG STORE/DRS OFFICE/HOSPITAL
10 FIELDWOODS
11 GOVERNMENT/PUBLIC BUILDINGS
12 GROCERY/SUPERMARKET
13 HIGHWAY/ROAD/ALLEY
14 HOTEL/MOTEL/ETC.
15 JAIL/PRISON
16 LAKE/WATERWAY
17 LIQUOR STORE
18 PARKING LOT/GARAGE
19 RENTAL STORAGE/FACILITY
20 RESIDENCE/HOME
21 RESTAURANT
22 SCHOOL/COLLEGE
23 SERVICE/GAS STATION
24 SPECIALTY STORE (TV, FUR, ETC)
25 OTHER/UNKNOWN
40 CASINO LAND BASED
41 CASINO RIVER BOAT

TYPE OF WEAPON/FORCE INVOLVED:

- 11 FIREARM (type not stated)
12 HANDGUN
13 RIFLE
14 SHOTGUN
15 OTHER FIREARM
20 KNIFE/CUTTING INSTRUMENT
30 BLUNT OBJECT
35 MOTOR VEHICLE
40 PERSONAL WEAPONS
50 POISON
60 EXPLOSIVES
65 FIRE/INCENDIARY
70 NARCOTICS/DRUGS
85 ASPHYXIATION
90 OTHER
95 UNKNOWN
99 NONE

TYPE CRIMINAL ACTIVITY:

- B BURNING/RECEIVING
C CULTIVATION/
D MANUFACTURING/PUBLISHING
E DISTRIBUTION/SELLING
F EXPLOITING CHILDREN
G OPERATING/PROMOTING/
H ASSISTING
I POSSESSING/CONCEALING
J TRANSPORTING/TRANSMITTING
K IMPORTING
L USING/CONSUMING
M POSSESSION W/ INTENT TO DIST.
X OTHER

INCIDENT STATUS:

- ☐ UNFOUNDED
☐ CLEARED BY ARREST
☒ PENDING
☐ CLEARED EXCEPTIONALLY
☐ DEATH OF OFFENDER
☐ PROSECUTION DECLINED
☐ EXTRADITION DECLINED
☐ REFUSED TO COOPERATE
☐ JUVENILE NO CUSTODY
☐ OTHER
☐ NOT APPLICABLE

BRIEF NARRATIVE

VICTIM TAKEN TO HOSPITAL DUE TO NOT BREATHING. VICTIM (JUVENILE) HAD INJURY THAT IS UNEXPLAINED. DET CONTACTED DUE TO POSSIBLE RAPE.

(For Burglary Only) POINT OF ENTRY:

TOOL/EVIDENCE USED:
NUMBER OF PREMISES ENTERED:
METHOD OF ENTRY: ☐ FORCIBLE ☐ NO FORCE

INVESTIGATIVE FACTORS

Info Element Wgt
Est. time lapse between crime and the initial investigation
Less than 1 hour ☐ 5
1 to 12 hours ☒ 1
More than 12 hours ☐ 0
Witness report of offense ☐ 7
On view report of offense ☒ 1
Usable fingerprints ☒ 7
Suspect name ☒ 9
Suspect description ☒ 5
Vehicle description ☒ 2
Vehicle license number ☐ 5
Total Score: 11

REPORTING PERSON CLASS CODE: JUVENILE ☐ WITNESS ☐ INTERVIEWED ☐

REPORTING PERSON: Boyter, Denise

SEX F RACE W DOB 04/05/1967

ADDRESS 2510 BERT KOUNS INDUSTRIAL LOOP SHREVEPORT, LA

Numerical

Street Name

City/Town

State

Zip

HOME PHONE (318) 212-5000

BUSINESS PHONE (318) 212-7337

VICTIM #1 (Last, First, Middle)		D.L.		Phone: (Home)		Phone: (Bus.)	
ADDRESS: (Street, City, State, Zip)				ADDRESS: (Bus.)			
3011 KITTY LNAPT. B SHREVEPORT, LA							
TYPE OF VICTIM: (Check Only One)		RACE: W <input type="checkbox"/> WHITE B <input checked="" type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN		SEX: M <input type="checkbox"/> MALE F <input checked="" type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN		AGE: 00 DOB: 00	
1 <input type="checkbox"/> INDIVIDUAL G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN 2 <input type="checkbox"/> BUSINESS R <input type="checkbox"/> RELIGIOUS J <input checked="" type="checkbox"/> JUVENILE 3 <input type="checkbox"/> FINANCIAL S <input type="checkbox"/> SOCIETY/PUBLIC L <input type="checkbox"/> L.E. OFFICER U <input type="checkbox"/> UNKNOWN							
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check up to Two)				ADDITIONAL JUSTIFIED HOMICIDE CIRCUMSTANCES (Check only one code)			
01 <input type="checkbox"/> ARGUMENT 06 <input type="checkbox"/> LOVERS QUARREL 40 <input type="checkbox"/> CHILD ABUSE 02 <input type="checkbox"/> ASSAULT ON OFFICER 07 <input type="checkbox"/> MERCY KILLING 03 <input type="checkbox"/> DRUG DEALING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 04 <input type="checkbox"/> GANG/ANG 09 <input type="checkbox"/> OTHER CIRCUMSTANCES 05 <input type="checkbox"/> JUVENILE GANG 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES				A <input type="checkbox"/> Criminal Attacked Officer, Officer Killed Criminal B <input type="checkbox"/> Criminal Attacked Officer, Other Officer Killed Criminal C <input type="checkbox"/> Criminal Attacked by Civilian D <input type="checkbox"/> Criminal Attempted Flight from a Crime E <input type="checkbox"/> Criminal Killed in the Commission of a Crime F <input type="checkbox"/> Criminal Resisted Arrest G <input type="checkbox"/> Unable to Determine/Not Enough Information			
RELATIONSHIP OF VICTIM TO OFFENDER: (For multiple offender relationships enter offender number(s) in space)				JUSTIFIABLE HOMICIDE (Check One)			
SE <input type="checkbox"/> SPOUSE SC <input type="checkbox"/> STEPCHILD XS <input type="checkbox"/> EX-SPOUSE CS <input type="checkbox"/> COMMON-LAW SPOUSE OF SS <input type="checkbox"/> STEP SIBLING EE <input type="checkbox"/> EMPLOYEE PA <input type="checkbox"/> PARENT AQ <input type="checkbox"/> ACQUAINTANCE OK <input type="checkbox"/> EMPLOYER SB <input type="checkbox"/> SIBLING FR <input type="checkbox"/> FRIEND ST <input type="checkbox"/> STRANGER CH <input type="checkbox"/> CHILD NE <input type="checkbox"/> NEIGHBOR RU <input type="checkbox"/> RELATIONSHIP UNKNOWN GP <input type="checkbox"/> GRANDPARENT BE <input type="checkbox"/> BABYSITTEE (baby) NM <input type="checkbox"/> NON-MARRIED LIVE IN GC <input type="checkbox"/> GRANDCHILD VO <input type="checkbox"/> VICTIM WAS OFFENDER IL <input type="checkbox"/> IN-LAW BG <input type="checkbox"/> BOY/GIRL FRIEND ES <input type="checkbox"/> VICTIM WAS ESTRANGED SPOUSE SP <input type="checkbox"/> STEPPARENT HR <input type="checkbox"/> HOMOSEXUAL REL. XB <input type="checkbox"/> EX BOY/GIRL FRIEND				20 <input type="checkbox"/> Criminal killed by citizen 21 <input type="checkbox"/> Criminal killed by police INJURY TYPE (Check all that apply) N <input type="checkbox"/> NONE M <input type="checkbox"/> MINOR INJURY B <input type="checkbox"/> BROKEN BONES O <input checked="" type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INTERNAL INJURY T <input type="checkbox"/> LOSS OF TEETH L <input type="checkbox"/> SEVERE LACERATION U <input checked="" type="checkbox"/> UNCONSCIOUSNESS			
OFFENDER/ARRESTEE							
Class Code: # <input type="checkbox"/> NAME:		ADDRESS: (Street, City, State, Zip)		BUS. PHONE:		OFFENDER/ARRESTEE CONNECTED TO OFFENSE	
ALIAS:		HOME PHONE:					
AGE: SEX: M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN		RACE: W <input type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN		OFFENDER USED/MOTIVE A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIPMENT D <input type="checkbox"/> DRUGS/NARCOTICS G <input type="checkbox"/> GAMING ACTIVITY		HEIGHT: WEIGHT: 0	
DOB:							
HATE/BIAS ANTI-RACIAL BIAS ANTI-RELIGIOUS BIAS ANTI-ETHNICITY/ ANTI-SEXUAL							
MOTIVATED: 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> JEWISH 25 <input type="checkbox"/> OTHER RELIGION NATIONAL ORIGIN 4 <input type="checkbox"/> MALE HOMOSEXUAL 43 <input type="checkbox"/> HOMOSEXUAL (GAY & LESBIAN)							
(Check One) 13 <input type="checkbox"/> BLACK 22 <input type="checkbox"/> CATHOLIC 26 <input type="checkbox"/> MULT-RELIGIOUS 32 <input type="checkbox"/> HISPANIC 44 <input type="checkbox"/> HETEROSEXUAL 74 <input type="checkbox"/> GENDER AFFILIATION 99 <input type="checkbox"/> UNKNOWN							
14 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 27 <input type="checkbox"/> AGNOSTICISM 33 <input type="checkbox"/> OTHER ETHNICITY/ (LESBIAN) 42 <input type="checkbox"/> FEMALE HOMOSEXUAL 48 <input type="checkbox"/> BISEXUAL 70 <input type="checkbox"/> AGE 71 <input type="checkbox"/> ANCESTRY 72 <input type="checkbox"/> CREED 73 <input type="checkbox"/> ORGANIZATIONAL 88 <input type="checkbox"/> NONE 90 <input type="checkbox"/> UNKNOWN							
15 <input type="checkbox"/> MULT-RACIAL GROUP							
IF ARRESTED, COMPLETE SHADED AREA							
ARRESTEE WAS ARMED WITH: (Check all that apply) (Enter "A" in box if handgun)		TYPE OF ARREST		DISPOSITION OF ARREST UNDER 17		MULTIPLE CLEARANCE INDICATOR	
01 <input type="checkbox"/> UNARMED 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM (specify in box) 11 <input type="checkbox"/> FIREARM (specify in box) 16 <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT (specify in box) 17 <input type="checkbox"/> OTHER (specify in box) 12 <input type="checkbox"/> HANDGUN 18 <input type="checkbox"/> CLUB/BLACK JACK/BRASS KNUCKLES 19 <input type="checkbox"/> TAKEN INTO CUSTODY		O <input type="checkbox"/> ON VIEW S <input type="checkbox"/> SUMMONED CITED T <input type="checkbox"/> TAKEN INTO CUSTODY		D <input type="checkbox"/> HANDED WITHIN DEPARTMENT 1 <input type="checkbox"/> REFERRED TO JUVENILE COURT OR PROBATION DEPARTMENT W <input type="checkbox"/> REFERRED TO WELFARE AGENCY P <input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY A <input type="checkbox"/> REFERRED TO CRIMINAL OR ADULT COURT		M <input type="checkbox"/> MULTIPLE CLEARANCE INDICATOR 0 <input type="checkbox"/> NO CLEARANCE INDICATOR	
1. ARRESTED 3. SUSPECT 5. WITNESS 7. BUSINESS 9. INTERVIEWED 11. TREAT AND RELEASE 13. DECEASED		2. MISSING 4. WANTED 6. JUVENILE 8. OTHER VICTIM 10. HOSPITAL 12. MEDICAL ATTENTION REFUSED 14. SUMMONS					
NAME (Last, First, Middle)		DOB		SEX		RACE	
RESTRICTED						"doctor"	
RESTRICTED							
WITNESS		HOME ADDRESS (Street, City, State, Zip)		Home Phone		Bus. Phone	

COMPLAINANT'S NAME
 Last First Middle
 Boyter, Denise
 Address
 2510 BERT KOUNS INDUSTRIAL LOOP
 Type Incident

Shreveport Police Department
PROPERTY/VEHICLE SUPPLEMENT
 02/10/2018
 Date of Occurrence
 01
 District

18023139
 Offense Number
 02/10/2018 09:42
 Time/Date of Supplement Report

TYPE PROP LOSS CODE	BRAND	PROPERTY DESCRIPTION	MODEL	QTY.	LIC #	SERIAL NO./VIN	COLOR	SIZE	VALUE
6		Cardboard Box W/ 2 Buccal		1.00			MUL		\$10.00
6		Sexual Assault Exam		1.00			MUL		\$300.00
6		Sheet		1.00					\$1.00
6		Jeans		1.00					\$1.00
6		T-Shirt		1.00			GRY		\$1.00
6		Wash Cloth		1.00					\$1.00
6		Swabs From Inside Jeans		2.00					\$1.00
6		Swabs From Inside Jeans		2.00					\$1.00
5		Blood Stain Card		1.00					\$1.00
5		Saliva Sample		1.00					\$1.00
5		Left Fingernail Clippings		1.00					\$1.00
5		Right Fingernail Clippings		1.00					\$1.00
6		I Phone 5 W/ Micky Mouse		1.00			MUL		\$300.00
6		I Phone 6 W/ Case		1.00			MUL		\$300.00

TYPE PROPERTY LOSS/ETC.
 (enter number in code column above)

1 NONE	4 DAMAGED/DESTROYED	7 STOLEN
2 BURNED	5 RECOVERED	8 UNKNOWN
3 COUNTERFEIT/FORGED	6 SEIZED	9 UNAUTHORIZED USE
		10 USED IN CRIME